

OFFICIAL

10

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: VERMONT

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of
42 CFR Part 435, Subpart J for processing
applications, determining eligibility, and furnishing
Medicaid.

TN No.	91-12	Approval Date	4/27/92	Effective Date	11/1/91
Supersedes	75-13				
TN No.					
	effective 9/29/75			HCFA ID:	7982E
	approved 1/5/76				